

Revision: HCFA-PM-90- 2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: FLORIDA

Citation

433.137(a)
50 FR 46652
55 FR 1423

4.22 Third Party Liability

(a) The Medicaid agency meets all requirements of
42 CFR 433.138 and 433.139.

433.137(b)
52 FR 1423

(1) For medical assistance provided on or
after October, 1 1984:
(A) The requirement of 433.145 through
433.148 are met for assignment of rights to
benefits and cooperation.
(B) The requirements of 433.151 through
433.154 are met for cooperative agreements
and incentive payments for third party
collections.

433.138(f)
52 FR 5967

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data
exchanges required in §433.138(d)(1), (d)(3)
and (d)(4) and the diagnosis and trauma code
edits required in §433.138(e) are conducted;

433.138(g)(1)(ii)
and (2)(ii)
52 FR 5967

(2) Describes the methods the agency uses for
meeting the followup requirements contained
in §433.138(g)(1)(i) and (g)(2)(i);

433.138(g)(3)(i)
and (iii)
52 FR 5967

(3) Describes the methods the agency uses for
following up on information obtained through
the State motor vehicle accident report file
data exchange required under §433.138(d)(4)(ii)
and specifies the time frames for incorporation
into the eligibility case file and into its
third party data base and third party recovery
unit of all information obtained through the
followup that identifies legally liable third
party resources; and

433.138(g)(4)(i)
through (iii)
52 FR 5967

(4) Describes the methods the agency uses for
following up on paid claims identified under
§433.138(e) (methods include a procedure for
periodically identifying those trauma codes
that yield the highest third party collections
and giving priority to following up on those
codes) and specifies the time frames for
incorporation into the eligibility case file
and into its third party data base and third
party recovery unit of all information obtained
through the followup that identifies legally
liable third party resources.

TN No. 92-19
Supersedes
TN No. 90-16

Approval Date 7/22/92

Effective Date 4/1/92

HCFA ID: 1010P/0012P

Revision: HCFA-PM-90-2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: FLORIDA

Citation

433.139(b)(3) / (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
(ii)(A)
55 FR 1423

433.139(b)(3) Providers may bill the agency when services covered under a plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency. Claims are paid and billed to the appropriate insurance carrier for reimbursement by the third party.
(ii)(A)
55 FR 1423

(d) ATTACHMENT 4.22-B specifies the following:

433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
55 FR 1423

433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
50 FR 46652

433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
50 FR 46652

42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in
55 FR 1423 42 CFR 447.20.

TN No. 92-19
Supersedes
TN No. 90-16

Approval Date 7/22/92

Effective Date 4/1/92

HCFA ID: 1010P/0012P

Revision: HCFA-PM-86-3 .(BERC)
MARCH 1986

State/Territory: Florida

Citation

4.22 (continued)

42 CFR 433.151(a)
50 FR 46652

(c) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.)

☒ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

See attached page 70a

☐ Other appropriate State agency(s)--

☐ Other appropriate agency(s) of another State--

☐ Courts and law enforcement officials..

42 CFR 433.151(b)
50 FR 46652

(d) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.

TN No. 86-6
Supersedes
TN No. _____

Approval Date 6/25/86

Effective Date 4/1/86

HCFA ID: 0105F/0002F